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| SERIAL NUMBER 10/708,837 | FILING OR 371(c) DATE 03/26/2004 RULE | CLASS 235 | GROUP ART UNIT 2876 | ATTORNEY DOCKET NO. 70655.0100 |
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APPLICANTS

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Handwritten initials: BW

** CONTINUING DATA *****

This application is a CIP of 10/340,352 01/10/2003 which is a CIP of 10/192,488 07/09/2002 PAT 7,239,226
 which claims benefit of 60/304,216 07/10/2001
 and said 10/340,352 01/10/2003
 is a CIP of 10/318,432 12/13/2002
 and is a CIP of 10/318,480 12/13/2002 PAT 7,249,112
 and claims benefit of 60/396,577 07/16/2002

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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/21/2004

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|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY AZ | SHEETS DRAWING 19 | TOTAL CLAIMS 35 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | | | | |

ADDRESS

66170

TITLE

METHOD AND SYSTEM FOR PROFFERING MULTIPLE BIOMETRICS FOR USE WITH A FOB

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|------------------------------------|---|--|
| FILING FEE RECEIVED 1170 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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